

Date Received: _____ Received by: _____
--------------------------------------------

## VOLUNTEER APPLICATION

Please fill out this form so we can get you on your way to finding the perfect volunteer opportunity! Signature of a parent or guardian is required for those under age 18. Thank you for applying to volunteer; your time and skills are appreciated!

**PERSONAL INFORMATION** (Please print clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 (include city & zip code)

Phone Numbers: \_\_\_\_\_  
 (best daytime contact) (alternate number)

Email: \_\_\_\_\_

Are you over the age of 18?  Yes  No (if no, give date of birth \_\_\_\_\_)

**AREA OF INTEREST:** Check all the programs and activities you are interested in.

Boards, Commissions & Taskforces

- Arts Commission
- Civil Service Commission
- Historical Commission
- Library Board
- Neighborhoods & Demographic Diversity Commission
- Parks Board
- Planning Commission
- Tourism Advisory Committee

Parks, Recreation & Cultural Arts

- Aquatic Volunteer
- Park Improvement Volunteer (service group)
- Recreation Center Ambassador
- Youth & Teen Programs
- Senior Center Programs & Events
- Annual Martin Luther King Jr. Celebration
- Heritage Park Docent

Public Safety

- Citizens Patrol
- Volunteers in Public Safety (VIPS)
- Police Explorer
- Fire Corp

Other

- Friends of the Library
- Other \_\_\_\_\_

**SKILLS & EXPERIENCE:** What general skills, experience, or education would you like to share in your volunteer work?

---



---



---



---



---

**CRIMINAL CONVICTIONS:** All volunteers will be subject to a criminal background check. I consent to the City performing a background check into my history in accordance with RCW 43.43.830 - .839, and I waive any right to privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer.

Have you been convicted of a felony, plead guilty, or been released from prison within the last ten (10) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years?  
 Yes  No

Have you had findings made against you in any civil adjudicative proceeding that resulted in a finding of, or upheld a finding of, domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult, under any provision of law?  Yes  No

If yes to either of the questions above, please explain: \_\_\_\_\_  
\_\_\_\_\_

**WAIVER OF LIABILITY**

In consideration of the opportunity the City has provided to engage in volunteer activities, I hereby agree to indemnify and hold harmless, release and waive all claims that I and/or my heirs, assignees, other successors, or any third party may have against the City, its officials, employees, its hired contracted instructors, agents, and other associated parties for and from any and all loss, liability, cost or damages, including personal injury or death, arising out of or in any way connected with the volunteer activities. Further, I assume liability for any non-participants who accompany me to the volunteer activity.

I grant the City of Lynnwood the right and permission to use or copyright, and re-use, publish or re-publish, photographs, video, electronic images, or other reproduction taken of my image during volunteer activity in any record of this event or its related activities or for any City publicity purpose.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Parent or Guardian Signature (if under 18)

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical, physical or emotional conditions that should be taken into consideration when arranging volunteer assignments?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

I, the undersigned, hereby authorize and consent to qualified medical personnel, including a physician or other staff, to administer any first aid and/or emergency medical treatment, care or medication in the event of injury and to arrange for any consultation by a specialist, including a surgeon, as is deemed prudent for proper care or treatment of any injury or medical condition. I have attached information regarding relevant health conditions (allergies, medications, etc.)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Parent or Guardian Signature (if under 18)